

~~DO NOT FILE UNTIL ALL PAGES HAVE BEEN SUBMITTED~~

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW	7638	12-29-00
O.I.P.E. CLASSIFIER		21	3/9/00
FORMALITY REVIEW	DW	72346	4-12-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	10-28-00
Original	10-28-00
1	N N N
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9	V V
10	V V V
11	I V
12	V
13	V V V
14	N N
15	
16	
17	
18	V V
19	V
20	N
21	N
22	V
23	V
24	N
25	N
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Claim	Date
Final	
Original	
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Claim	Date
Final	
Original	
101	
102	

Debbie Blyveis  
503-228-1841  
2635 FAX

Electd 11-12  
 (10)-19 apparatus  
 23  
 14  
 3 6  
 4 7  
 20 8-9  
 21 method  
 16-18  
 (15)-17  
 25 method

(94)			
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100			

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149			
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If more than 150 claims or 10 actions

..... attach here